U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OLMS 05 1. File Number U - 13662	2. Fiscal Year Covered From:
,	1 / 1 / 2004 Through: [12 / 31 / 2004
. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name :Christopher Erikson	Name Local Union No. 3., IBEW
	Labor Organization File Number 006-367
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 158-11 Harry Van Arsdale Jr. Avenue	Street [158-11 Harry Van Arsdale Jr. Avenue
City Flushing	City [Flushing
	The state of the s
Position in labor organization. Assistant Business Manager Enter appropriate data below If, during the past fiscal year, you or your	spouse or minor child directly or indirectly had any of the following interests
Enter appropriate data below If, during the past fiscal year, you or your (except as specified in the e	Trustee spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of
Position in labor organization. Assistant Business Manager Enter appropriate data below If, during the past fiscal year, you or your	Trustee spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the e	/Trustee spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of cation represents or is actively seeking to represent.
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the east in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize.	/Trustee spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income. Minor child was employed as Summer College Helper
Enter appropriate data below If, during the past fiscal year, you or your (except as specified in the east A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). Name Forest Electric Corp.	/Trustee spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. Minor child was employed as Summer College Helper
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the east Human and Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the east Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). Name Forest Electric Corp.	Spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of cation represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income. Minor child was employed as Summer College Helper in bonafide employment.
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the east. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). Name Forest Electric Corp. Trade Name, if any:	Arrustee spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of cation represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income. Minor child was employed as Summer College Helper in bonafide employment.

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filling Christopher Erikson	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name JA&TC of the Lighting Maint Assoc of Local3	
Trade Name, if any:	a. Labor Organization S b. Trust
P.O. 8ox, Bldg., Room No., if any	c. Employer
Street 158-11 Harry Van Arsdale Jr. Avenue	(Lingleyer
City Flushing	
State New York ZIP Code + 4:11365	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name JA&TC of the Lighting Maint Assoc of Local	Trustee
Trade Name, if any:	
P.O. Box, 8ldg., Room No., if any	
Street 158-11 Harry Van Arsdale Jr. Avenu	
City Flushing	11.b. Approximate dollar value of such dealing.
·	12.a. Nature of interest held or income received. Reimbursement for 2004 Apprenticeship Graduation
State New York ZIP Code + 4 11365	Dinner
	12.b. Amount. \$2,160
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	(6) Complimentary tickets to the Golden Gloves 4/15/04 - valued at \$35.00 each
Name Daily News	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 450 W. 33rd Street	
City New York	
State New York ZIP Code + 4 10001	Minimals and another and a second of the sec
13.b. Is the Business an Employer 💢 or Consultant 📗 ?	14.b. Amount of payment. \$0

Name of Person Filing Christopher Erikson File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ROBECO Investment Mgt./ Boston Partners	a. Labor Organization	
Trade Name, if any:	- · · · · · · · · · · · · · · · · · · ·	
P.O. Box, Bldg., Room No., if any	(X) b. Trust	
Street 28 State Street	c. Employer	
City Eoston		
State Massachusetts ZIP Code + 4 02109		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Elevator Division Retirement Benefit Plan	Investment Manager to the Elevator Retirement Benefit Plan (EDRBP)	Division
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street.38-40 36th Street		
City Long Island City		Militari - Militari Malika Mal
State New York ZIP Code + 4 11106	11.b. Approximate dollar value of such dealing.	100.00
	12.a. Nature of interest held or income received.	object to the blacks standing to the standing to
	(4) Tickets to Mets 10/2/04 @ \$55.	00 each.

	12.b. Amount.	\$220

Name of Person Filing Christopher Erikson	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Pustorino, Puglisi and CO., LLP	a. Labor Organization
P.O. Box, Bldg., Room No., if any	∑ b. Trust
Street 515 Madison Avenue	c. Employer
City New York	
State New York ZIP Code + 4 10022	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Elevator Division Retirement Benefit Plan	Performs Accounting Services for the Elevator Division Retirement Benefit Plan
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 38-40 36th Street	
City Long Island City	
State New York ZIF Code + 4 11106	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Company Golf Outing and Lunch 10/7/04
	:
	Application of the control of the co
	12.b. Amount. \$85

Name of Person Filing Christopher Erikson	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name The Segal Co.	a. Labor Organization
Trade Name, if any:	[J
P.O. Box, Bldg., Room No., if any	b. Trust
Street One Park Avenue	c. Employer
City New York	
State New York ZIP Code + 4 10016	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Elevator Division Retirement Benefit Plan	Performs Actuarial Services for the Elevator Division Retirement Benefit Plan
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 38-40 36th Street	
City Long Island City	
State New York ZIF Code + 4 11106	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Charity Golf Outing and Dinner 8/5/04
	12.b. Amount. \$220

Name of Person Filing Christopher Erikson	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Reynolds Securities Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	[X] b. Trust
Street 45 Broadway - 31st Floor	c. Employer
City New York	
State New York ZIP Code + 4 10006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Elevator Division Retirement Benefit Plan	Performs Investment Consulting Services for the Elevator Division Retirement Benefit Plan
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 38-40 36th Street	
City Long Island City	
State New York ZIP Code + 4 11106	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Company Golf Outing and Lunch 6/29/04
	12.b. Amount. \$180

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Name of Person Filing	Christopher	Erikson		File Number U-		
	-		 	 <u> </u>	 	

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Pryor Cashman Sherman & Flynn LLP Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 410 Park Avenue	c. Employer
City New York ZIP Code + 4 10022 - 4441	
	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.	Attorney for the New York Hotel Trades Council
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Holiday food basket
	12.b. Amount. \$62

Name of Person Filing	0111	D. '.				File Number U-	
Traine of Caselli lang	Chriscopher	Erikson			ţ	i lie Nulmber O-	

A. Held an interest in, engaged in transactions (including loans) with, or derived in	ncome or other economic benefit of monetary value from an employer whose						
employees your organization represents or is actively seeking to represent.							
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.						
Name Madison Square Garden	Minor child was employed as Summer College Helper in bonafide employment.						
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any	7.b. Amount,						
Street 2 Penn Plaza	gant of the contraction of the c						
City New York	\$8,643						
State New York ZIP Code + 4 10121							
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.						
Name							
Trade Name, if any:							
P.O. Box, Bidg., Room No., if any							
Street	7.b. Amount.						
City	The state is a second s						
State ZIP Code + 4							
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose						
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Street	7.b. Amount,						
·							
City							
State ZIP Code + 4							

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